MORROW COUNTY WATER & SEWER IMPROVEMENT LOAN PROGRAM APPLICATION

PLEASE PRINT in IN	IK OR TYPE IN	FORMATION.						
Applicant (Household Head)				Co-Applicant				
Full Name				Full Name				
Social Security #				Social Security #				
Township			_	Township				
Address				Address				
Home Phone # (Home Phone # ()				
Age	Sex			Age Sex				
Marital Status: Married (inc	Separated . Divorced)			Marital Status: Married Separated _ Unmarried (inc. Divorced)				
Employer Name				Employer Name				
Address			_	Address				
Position Type of Business Business Phone# (# of years	_	Position Type of Business Business Phone# ()	# of years			
Residents Number in Household Relationship and ages		ante:		Handicapped Residents				
	~	age			age age			
		age			age			
Gross Monthly Income Applicant Co-Applicant			Total	Gross Monthly Expendit	ures Total			
Base Employment				_ First Mortgage				
Overtime				Other Financing (P&I)				
Dividends, Interest				_ Property Taxes Homeowners Insurance	-			
Social Security Rental Income				Other				
Other				Litilities				
			· · · · · · · · · · · · · · · · · · ·					
Monthly Total				Monthly Total				

Applicant or Co-Applicant Source	Monthly Income		
Homeowners Insurance (provide copy of			
Name of Carrier Address			
Address	Amount \$		**************************************
Phone Number ()			
List Checking/Savings Accounts below:	Liabilities and Pledged Oblig	gations:	
Name and address of Bank, S&L, or Credit Un	Address & Account#	Monthly Payment	Unpaid <u>Balanc</u> e
Acct. #\$			
Name and address of Bank, S&L, or Credit Unic	Acct. #		
Acct. #\$		Buth shirter laws proposed by	saaraa aa a
Name and address of Bank, S&L, or Credit Unic			
Acct. #\$	Installment debts and revolving charges		
Ce rtificate of Deposits, Bonds, IRAs, etc. Name and address of Bank, S&L, or Credit Unio	Acet. #		•••••••
	Acct. #		
Acct. #\$	Other debts (include medical)		
Name and address of Bank, S&L, or Credit Uni	ion Acet. #		
Acct. #\$		s	
лоси. <i>п</i>	Other debts secured by property		
	Acct. #		
TOTAL ASSETS \$	TOTAL DEBT	\$	\$

Other Income (including alimony, child support, part-time employment)

	eal Estate Owned Address	Market Value	Mortgage	Gross Rent		PITI		Net Return
2.					_		ery, rea	
\mathbb{Q} t	(PITI=Principal, Interest, Taxes & uestions for Applicant and Co ou answer "Yes" to any question, please p	-Applicant:	ation.		A		CA	
1.	Are there any outstanding judgm	ents against you?				encore		
2.	Have you been declared bankrup	t within the past 7	years?					
3.	Have you had property foreclose lieu thereof in the last 7 years?	d upon or given ti	tle or deed in					
4.	Are you a party to a lawsuit?					-		_
5.	Have you directly or indirectly be foreclosure, transfer of title in lie (This would include such loans as home loans, educational loans, manufactured obligation, bond or loan guarantee. If address of Lender, FHA or VA case number 19 of 19	u of foreclosure or mortgage loans, SBA (mobile) home loans, 'Yes", provide details,	r judgment? loans, home improve any mortgage, financi including date, name	ement al		-		-
6.	Are you presently delinquent or i loan, mortgage, financial obligati	•		other		_	***************************************	_
7.	Are you obligated to pay alimony	, child support, or	separate mainten	ance?		_		· -
8.	Are you a co-maker or endorser of					_		_
WH	EASE READ THE FOLLOWING STA AT YOU ARE ASKED TO SIGN, PLI ERE IS MORE THAN ONE APPLICA	Cert TEMENT. IF YOU EASE ASK SOMEO	ification by Applic DO NOT UNDERS NE AT THE MORE	cant(s) TAND ANY ROW COUN	PART O	F IT OR I		
A.	I/We certify that all the information in the	is application is true	and complete to the b	est of my kno	wledge. 1	/We unde	erstand this	s information is subject to
B.	verification. The Applicant(s) further certify that he Applicant(s) will be used only for the lacontract.							
C.	I/We authorize The Morrow County De the U.S. Department of Housing and Ur and all information provided in this appli	ban Development (H	UD) to inspect and e					
	I/We understand that the personal fir rehabilitation assistance. This informa I/We further understand that my/our mands are being utilized to rehabilitate n	nancial information tion, however, will r ame, address and tot	contained in this ar emain confidential a	ind will not b	e disclos	ed to the	news med	lia or other third parties.
	I/We agree that I/we will not discrimina		ctor on the basis of r	ace, color, re	ligion, sea	k, or natio	nal origin.	
any o	ALTY FOR FALSE OR FRAUDULE department or agency of the United States more than \$10,000 or imprisoned not more	s knowingly and willf	ully falsifiesor mak					
Sign	ature of Applicant			Date				-
Sico	ature of Co-Applicant			Date	VAV. 2		/*	- 02/04
orgin	aure or Co-Applicant			Date				02/06